



Conviction Review Request Form

Mail to: Los Angeles County District Attorney's Office
Justice Conviction Review Unit
211 West Temple Street, Room 1255
Los Angeles, California 90012
Email to: JCRU@da.lacounty.gov

Claim No. _____
(To be supplied by the DA's Office)

1. Convicted person's name:
2. Convicted person's date of birth (MM/DD/YYYY):
3. Is the convicted person incarcerated?
☐ Yes ☐ No
4. If presently incarcerated, please provide the following information:
 - a. CDC Number:
 - b. Prison where incarcerated:
 - c. Cell location:
 - d. P.O. Box:
 - e. City, State, Zip:
5. Name and location of the court where the person was convicted and sentenced:
6. Los Angeles County Superior Court case number:
7. Provide the Penal Code section of the crime(s), including any enhancements/allegations, the person was convicted of:
8. Date convicted:

9. Date sentenced:
10. Sentence received:
11. Expected release date:
12. How was the person convicted?
- ☐ a. Jury Trial
 - ☐ b. Court Trial
 - ☐ c. Guilty Plea
 - ☐ d. No Contest Plea
13. Is the conviction currently being challenged on appeal?
- ☐ Yes ☐ No
14. Is there a habeas corpus petition currently pending before a court?
- ☐ Yes ☐ No
15. Has a habeas corpus petition ever been filed regarding the conviction?
- ☐ Yes ☐ No
16. Did the convicted person ever give a statement to law enforcement when arrested?
- ☐ Yes ☐ No
17. If there was a trial, did the convicted person testify in the trial?
- ☐ Yes ☐ No
18. Please state the reason(s) the conviction should be reviewed. If you need extra space, you may attach additional pages to this request. (This form is only to be used for requesting a review of a conviction based on a claim of innocence. If you are making a resentencing request, please visit da.lacounty.gov/policies/resentencing.)

19. Please state if there is new evidence (not known at the time of trial) relevant to the conviction. If you need extra space, you may attach additional pages to this request.

20. You may attach copies of exhibits or documents to this questionnaire to assist the Justice Conviction Review Unit's examination of your request. **Please retain all original documentary evidence for your records.**

21. If this request is being submitted by someone other than the convicted person, please state your relationship to the convicted person:

22. If this request is being submitted by someone other than the convicted person, have you obtained written consent of the convicted person to file this request?

☐ Yes ☐ No

23. Please provide the information below so we may contact you.

Submitter's full name:

Telephone number:

Address (Number, Street, City, State, and Zip code):

Email:

If attorney, State Bar #:

Date:

Signature of claimant

Type/print name

Once the questionnaire is received by the Los Angeles County District Attorney's Office, you will be contacted and informed about the status of your request.